



## NFL Player Benefits

### Authorized Representative Designation

#### **Signature and Authorization**

I designate the listed person to be my Authorized Representative for the purposes elected below. I certify that the information provided on or with this Designation is, to the best of my knowledge, true, accurate, and complete.

Signature of Player or Other Payee

Date Completed

4-14-15

This section is to be completed and notarized by a notary public. This section does not apply to the 88 Plan.

State of Alabama County of Tuscaloosa  
 On the 14 day of April, 2015, before me came Andre Royal, to  
 me known and known to me to be the person described herein and who executed the foregoing statement and he duly  
 acknowledged to me that he executed the same.

Notary Public

#### **Payee Information**

Payee's Name (please print)

Royal

André

J

Date of Birth

12-1-72

Social Security Number

416-88-0498

Middle Initial

#### **Representative Information**

The Authorized Representative cannot be a convicted felon, or a person who has pled guilty or no contest to a felony.

Representative's Name Anderson, Stephanie

R.

Middle Initial

Address (number and street) 2426 Johnson Street

City Hollywood

State FL

Zip Code 33020

Home Phone 786-340-9408

Cell Phone 786-340-9408

#### **Election**

For your Designation to be effective, you must select at least one box in each option below. Select all that apply.

#### **This Designation applies to the following Plan(s):**

- Bert Bell/Pete Rozelle NFL Player Retirement Plan
- NFL Player Supplemental Disability Plan
- NFL Player Second Career Savings Plan
- NFL Player Annuity Program
- 88 Plan
- Gene Upshaw NFL Player Health Reimbursement Account Plan

**RECEIVED**

MAY 15 2015

**NFL PLAYER BENEFITS**

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Payee's Name (please print)

Andre Royal

Initials

AR

**This Designation applies to the following matter(s):**

Benefit Claim and Administrative Appeal

The Authorized Representative is authorized to act on my behalf and fully represent me with respect to my claim for benefits and the administrative appeal of any adverse benefit determination. The Authorized Representative will be entitled to request copies of, view, and receive Plan documents, records, and other information that I personally would be entitled to request, view, or receive.

Other (please describe) \_\_\_\_\_

**This Designation will remain in effect until the earliest of:**

- the date the Plan Office receives a written notice from you revoking this Designation; or
- the date your Authorized Representative informs the Plan Office that he or she no longer represents you; or
- the date the Plan Office receives a new, properly-completed Authorized Representative Designation from you; or
- 180 days from the Date Completed indicated on the prior page (this limit does not apply to the 88 Plan).

While the Designation is in effect, all notices, including notices of benefit awards and adverse benefit determinations, will be sent both to you and to your Authorized Representative.

**Mail the completed Designation to:**

NFL PLAYER BENEFITS  
200 SAINT PAUL ST STE 2420  
BALTIMORE MD 21202

**If you have any questions, please call the Plan Office at 800-638-3186.**